



N.H. Department of Health and Human Services  
Office of Professional Licensing  
Advisory Board of Bodyworker  
121 South Fruit Street  
Concord NH 03301  
NH 1-800-852-3345, EXT 9254  
603-271-9254

**Bodyworker Renewal Application**

**FOR DEPARTMENT USE ONLY**

**RENEWAL:**

☐ Fee/Check #: \_\_\_\_\_  
**\$110.00** MADE PAYABLE TO:  
Treasurer, State of New Hampshire

Renewal License # \_\_\_\_\_

Effective Dates: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

License Type: \_\_\_\_\_

☐ Please attach a copy of your current national certification.

☐ Please attach the renewal license fee of \$110.00. Checks and money orders to be made payable to Treasurer, State of New Hampshire.

PLEASE PRINT ( ☒ and correct information as needed)

Last Name	First Name	Middle Initial
<input type="checkbox"/>		

Home Address	City	State	Zip
<input type="checkbox"/>			

Phone:	E-Mail Address:	Fax:
<input type="checkbox"/>		

☐ Check here if you do NOT want your home address disclosed to individuals, trade organizations, or schools for the sole purpose of advertising continuing education opportunities.

Business Address	City	State	Zip
<input type="checkbox"/>			

Business Phone:	Business Fax:
<input type="checkbox"/>	

Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime? ☐ No ☐ Yes (Explain)

The Department of Health & Human Services is required by law to ask for your Social Security Number. The number will be held confidential By the Department and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11)  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

"By my signature I attest full compliance with RSA 328-H and all corresponding New Hampshire regulations and that the information and documentation provided is accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license."

DATE

SIGNATURE

Return completed application and license fee to Connie Beliveau at address at top of application.